SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X		
1. Article Addressed to: Oneg Oruntmeir			
A11939 9134 24			
Iroquois, SD	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
513.53	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer from service label) 7007 0710 0000 8014 8915			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1			

1.5	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
897	For delivery information visit our website at www.usps.com _®		
	OFF	ICIAL	. USE
4108 0000 0170	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	Postmark Here
7007	Street, ADE NO. Street, ADE NO. or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006 See Reverse for Instructions		